

Please Type or Print Clearly

Application for a Certified Copy of a Marriage or Civil Union Record

Please complete ALL items below

Name of Parties on Record:

| First Name | Middle Name | Current Last Name | Birth Last Name (if different) |
|------------|-------------|-------------------|--------------------------------|
|------------|-------------|-------------------|--------------------------------|

| First Name | Middle Name | Current Last Name | Birth Last Name (if different) |
|------------|-------------|-------------------|--------------------------------|
|------------|-------------|-------------------|--------------------------------|

Date of Marriage/Civil Union: _____ City/Town of Marriage/Civil Union: _____

Please complete one of the following:

I am applying for the marriage/civil union record of:

☐ my own record

☐ my mother/father/parent

☐ my child

☐ my grandparents

☐ my brother or sister

☐ my client. I'm an attorney representing: _____

The name of the law firm is: _____

☐ another person (please specify): _____

Why do you need this record?

☐ update records

☐ health insurance

☐ passport

☐ foreign government

☐ vets benefits

☐ legal purposes

☐ other use (specify): _____

Certified copies cost \$20.00. Any additional copies of this record purchased this same day cost \$15.00 each.

How many copies do you want? _____ (Make check payable to: Town of Barrington)

**** Please include a self-addressed stamped envelope with your mail request ****

I hereby state that the information supplied in item #2 above is true and that I am not in violation of Section 23-3-28 of the General Laws of RI (printed on the reverse side of this form).

Please sign _____
signature of person completing this form date signed

Type/print your name: _____

Type/print your address: _____

Telephone number you can be reached at if we have any questions: _____

(include street or mailing address, city/town, state, and zip code.)

ATTACH PHOTOCOPY OF VALID GOVERNMENT ISSUED PICTURE ID

Type of Valid Picture ID: _____ ID Number: _____ ID Issued by: _____

State/Local File # _____ Amt. rec'd _____ Rec't # _____ Date sent _____ Initials _____

| | Birth | Death | Marriage/Civil Union |
|------------------------|-------|-------|----------------------|
| Number of first copies | _____ | _____ | _____ |

| | | | |
|-----------------------------|-------|-------|-------|
| Number of additional copies | _____ | _____ | _____ |
|-----------------------------|-------|-------|-------|

| | |
|--------------------|-------|
| Number of searches | _____ |
|--------------------|-------|

| | |
|---------------------------|-------|
| Additional years searched | _____ |
|---------------------------|-------|

FOR STATE USE ONLY: Delayed filing _____ Correction _____ P/L _____ A _____

Section 23-3-28 of the General Laws

I understand that Section 23-3-28 of the General Laws of Rhode Island provides penalties for either of the following violations:

Any person who willfully and knowingly makes any false statement in a report, record, certificate or application for an amendment thereof, or who willfully and knowingly supplies false information intending that such information be used in the preparation of any of the such report, record, or certificate, or amendment thereof . . . shall be punished (if convicted) by a fine of not more than one thousand dollars (\$1,000) or imprisoned not more than one (1) year or both.